Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-28-03.

I. DISPUTE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference
11-20-02	A4649	$30.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	99070	$10.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4649	$1.50	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4649	$4.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	A4649	$4.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	A4649	$26.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	A4649	$25.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4215	$44.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	99070	$2.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	J7120	$31.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4245	$5.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4649	$25.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4209	$10.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4649	$30.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	A4649	$32.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	A4615	$2.00	$0.00	G	DOP	Surgery GR (V)(A) and (B)
11-20-02	A4454	$6.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4649	$10.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	A4550	$75.00	$0.00	G	DOP	Surgery GR (I)(A)
11-20-02	J2000	$10.00	$0.00	G	DOP	Surgery GR (I)(A)

II. FINDINGS & RATIONALE

The requestor noted in their Rationale that, "According to the Texas Workers Compensation Medical Fee Guideline General Instructions IV labeled 'Materials Supplied by the Health Care Provider' on page two: 'Supplies and materials provided over and above those usually included in the office visit and in excess of a cumulative total of $5.00 for that date of service may be billed separately…The above surgical supplies are not included in our surgical tray. They are items that must be used in addition to the surgical tray for this particular surgery. Our office incur costs (see attached copies of invoices) for these supplies but do not get reimbursed a facility fee to make up for this cost. Therefore, we feel that it is fair and reasonable to expect reimbursement for these supplies. If this surgery was performed in an outpatient setting, the carrier would be liable for facility costs."

The provider correctly refers to General Instructions GR (IV) for supplies and materials provided over and above an office visit; however, the report does not support that the principal procedure was an office visit. The report indicates that claimant underwent 62287 – Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar is a surgical procedures in MFG.

Per Surgery GR (V) titled Surgical Procedures Performed in a Doctor's Office, (A) In order for the doctor's office to qualify for facility reimbursement for surgical procedures performed in a doctor's office, the office shall meet the following requirements:

1. a complete and routinely checked crash cart;
2. a registered nurse, CRNA, or doctor dedicated to the 'facility ' room;
3. a separate ovservation or recovery room;
4. patient monitoring equipment, including EKG and pulse oximetry equipment; and
5. support staff and equipment to ensure that the care received by the patient is the same as that which would have been received in an ambulatory surgical center or in the outpatient surgical ward of a hospital.

(B) If the above listed requirements are met, the only reimbursements allowed for facility charges shall be the following:

1. Sterile trays (which include **all** supplies, gloves, utensils, needles, suture material, etc needed to perform procedure). These shall be billed using 99070-ST. Reimbursement is the lesser of the doctor's usual charge or fair and reasonable reimbursement. DOP is required if charges are $50.00 or greater;
2. Anesthesia supplies which include the administration of the sedative, the IV solution, the catheter/tubing, and drugs…99070-AS;
3. Postoperative monitoring is reimbursed hourly…"

A review of the report does not document requirements to perform surgical procedures in doctor's office per Surgery GR (V)(A), which is required to qualify for reimbursement of surgical supplies. Furthermore, the invoices indicate that requestor billed for the supplies separately and did not use CPT code 99070ST or 99070AS, which is required for billing of surgical supplies performed in doctor's office.

A review of the above table indicates that the insurance carrier denied services based upon "G - Unbundling". The disputed services are not services identified under Surgery GR (I)(A)(1). The listed services are supplies that are part of the sterile tray or anesthesia supply.

Therefore, the requestor did not bill for the disputed services in accordance with *Medical Fee Guideline*, no reimbursement is recommended.

This Decision is hereby issued this 2nd day of February, 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division